



Please complete the following application checklist. Note that additional information may be required upon further review in order to adequately address the applicable criteria for approval. If you have any questions about filling out this application, please contact Planning staff at the Permit and Information Center, phone (541) 682-5377, 99 West 10th Avenue, Eugene.

| List all Assessor's Map and Tax Lot numbers and Zoning of the property included in the request. | | |
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| Assessor's Map | Tax Lot | Zoning |
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| | ode Sections Proposed for Design Rev | |
| List specific | code sections for which design review | v is proposed. |
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| | | |
| List any associated pending Land Use Applicatio | n or Building Permit numbers: | - |
| Filing Fee | | |
| | The fee varies depending upon the t | ype of application and is adjusted periodically by |
| the City Manager. Check with Planning staff at www.eugeneplanning.org | at the Permit and Information Center | to determine the required fee or check website |
| Neighborhood/Applicant Meeting Requirement | | |
| Provide the following documentation that a neig The list of persons to whom notice was mailed to those on the list; | | |
| A copy of the notice; | | |
| A copy of the meeting notes and sign-in shee | et described at EC 9.7007(9); and | |
| A copy of the site plan presented at the mee | eting. | |
| Submittal Requirements: | | |

Provide 3 paper copies and one CD copy of all application materials (i.e. written statement, site plans, etc.) in pdf format at the time of initial submittal. Please note that it is the applicant's responsibility to make sure that the CD and paper copies are identical. Following completeness review, an updated CD and additional paper copies may be required. All site plans must be folded to a size equal or less than 11" x 17".

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| Wri | tten Statement |
|------|--|
| | Submit a detailed written statement describing <u>how</u> this request is consistent with all applicable criteria beginning at Eugene Code Section 9.3980 (Walnut Station). Please also demonstrate how the proposal otherwise complies with the applicable criteria at Eugene Code Section 9.3970 and 9.3975 not being adjusted through the design review process. <i>Please note: it is the <u>applicant's responsibility</u> to provide adequate information demonstrating <u>how</u> the project satisfies the applicable approval criteria. Failure to provide such information may result in denial of your application.</i> |
| Site | Plan Requirements |
| | Show date, north arrow, and standard engineer's or architect's scale. |
| | Show the Assessor's Map and Tax Lot numbers. |
| | Show a vicinity map on the plan. (Vicinity map does not need to be drawn to scale.) |
| | Show the dimensions of the site plan boundary. |
| | Show the footprint and location of existing and proposed structures. Indicate whether the existing structures will remain or be removed. |
| | Provide elevation drawings that portray the scale and appearance of proposed buildings. |
| | Show the width and location of all existing and proposed public and private easements. |
| | Show the location, species and size of existing and proposed landscaping. |
| | Show the location, number and dimensions of existing and proposed vehicle and bicycle parking spaces, including aisle widths and disabled parking spaces. |
| | Show any special setbacks in accordance with EC 9.6750. |
| | Show any site features necessary to illustrate the proposal. |
| | Site Plan must be prepared, stamped and signed by one of the following: Oregon licensed architect, Oregon licensed civil engineer or an Oregon licensed landscape architect. |

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understands that omission of any listed item may cause delay in processing the application. I (We), the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge. **OWNER** (Also the Applicant? Yes / No): Name (print): Phone: Address: City/State/Zip: E-mail: Signature: Date: **APPLICANT** / **APPLICANT'S REPRESENTATIVE** (Check one): Name (print): Company/Organization: Address: City/State/Zip: E-mail: Phone: Fax: Signature: Date: **APPLICANT'S REPRESENTATIVE** / **DESIGNATED CONTACT PERSON** (Check all that apply): Name (print): Company/Organization: Address: City/State/Zip: E-mail: Phone: Fax: Signature: Date:

By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and that he/she

Note: This is not a complete list of requirements. Additional information may be required after further review in order to adequately address the applicable approval criteria.

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